

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014148

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAR 25 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b
D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Co. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Louis

c. CITY OR TOWN

Creve Coeur

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

538 Fairway Circle

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

V.

(VAN) DUZER

4. DATE OF DEATH

Month

Day

Year

Mar.

15

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-6-1924

9. AGE (last birthday)

38

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Employed-Mail Order

10b. KIND OF BUSINESS OR INDUSTRY

Business

11. BIRTHPLACE (City and state or country)

Bahia Blanca, Argentina

U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Vernon Van Duzer

13b. MOTHER'S MAIDEN NAME

Mary J. Pignarre

14. NAME OF HUSBAND OR WIFE

Jacqueline M. Duzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of war)

Yes

World War 2

NO.

17. INFORMANT

Address

Jacqueline Duzer 538 Fairway Circle

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEAD INJURY and BASILAR SKULL

fracture

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
☒ YES ☐ NO

20a. ACCIDENT SUICIDE HOMICIDE

Open verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
1:28 P.M. 3/15/63

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 66 By Pass

20f. CITY, TOWN, OR LOCATION

Creve Coeur

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at 1:36 P.M. _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner Clayton, Missouri

22b. ADDRESS

22c. DATE SIGNED

3/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 9450 Olive St. Road

25. DATE RECD. BY LOCAL REG.

3-16-63

26. REGISTRAR'S SIGNATURE

John. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

400 2

24019

3

4 0

5 1

6

7 2

8 2

9 X

10

11 400

12 92-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

*Signature of Student Embalmer

Signed

E. J. McArthur

Licensed Embalmer No. 3824

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.